

COLORADO DIVISION OF EMERGENCY MANAGEMENT



PRESENTS

***THE 2009 Incident Command System
Forms, Plans and Position Checklists***

July 7th, 2009

**501 Palmer Street
Delta, Colorado**

Registration and networking 7:30 a.m. Session will Begin at 8:00 a.m.

Since the beginning of 2007 HSAC contract instructors have been delivering the ICS Forms, Plans and Checklist workshop with great success all over the nation. Participants have ranged from military installation commanders to public health leaders and some of the most progressive first responder leaders from Colorado's largest municipalities. This workshop allows participants to work through a single custom all hazards scenario, which is based on the official DHS national planning scenarios. The workshop immerses the participants in the process of using, communicating and understanding the ICS forms, plans and, position checklists. This workshop is based on and builds on the concepts of NIMS and the April 2008 all hazard curriculum. ***The workshop is instructed by personnel who work in the Planning Section on formalized incident management teams and most recently ran the "B" shift planning section at the Colorado State EOC during the Democratic National Convention in Denver.***

Instructors in this workshop use real case studies and personal experiences using ICS on real teams in Type I, II and III incidents to convey learning lessons.

This workshop addresses some of the critical challenges outlined in the NIMS 5 years plan. Position specific training and understanding of the ICS Forms and the creation of a professional and accurate written Incident Action Plan is truly a missing link in the all hazards ICS world. Unlike many courses that have been produced and delivered since the inception of the Homeland Security Presidential Directives, this workshop is about performance opposed to simple compliance and grant money eligibility.

This course has been approved by Colorado P.O.S.T. (# HS0010)



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Position Checklists –One Day Workshop***

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Delta, Colorado**

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Attendee Name: _____

Or

Agency/Company: _____ Number attending _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Fax registration to 303-362-7293.

*Agencies with multiple attendees need send in only one
registration form with the number coming from your agency
and a primary contact*